

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	09/673422

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1					51					
2	1				52					
3	1				53					
4	3				54					
5	3				55					
6	1				56					
7	1				57					
8	1				58					
9	1				59					
10	1				60					
11					61					
12					62					
13					63					
14					64					
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36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	3				TOTAL IND.					
TOTAL DEP.	79				TOTAL DEP.					
TOTAL CLAIMS	79				TOTAL CLAIMS					